

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

F94 PCT SEQ/1/1

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 43 minus 20 = | 23 |
| INDEPENDENT CLAIMS | 8 minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | •• | = |
| Independent | | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

| | | | |
|-----------|------|-----------|------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | | BASIC FEE | 860 |
| X\$ 9= | | X\$18= | 144 |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL | | OR TOTAL | |

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

| | | | |
|--------------------|------------------------|-----------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | X\$18= | |
| X40= | | X80= | |
| +135= | | +270= | |
| TOTAL ADDT. FEE | | OR TOTAL ADDT. FEE | |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | •• | = |
| Independent | | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | •• | = |
| Independent | | Minus | ••• | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

RATE
ADDI-
TIONAL
FEE

RATE
ADDI-
TIONAL
FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.